



Missouri Department of Health and Senior Services
WIC and Nutrition Services

WIC Certification – Women

(MOWINS BACK-UP)

Date:		Agency Number:		<input type="checkbox"/> Prenatal <input type="checkbox"/> Non-Breastfeeding <input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Addition <input type="checkbox"/> Recert
Clerical, HPA, WIC Certifier (WIC Cert), CPA	Complete for All Women				
	Last Name:		First Name:		
	Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific				
	How did you hear about the WIC Program? <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Household member on WIC <input type="checkbox"/> Specify: _____				
	Registered to Vote: <input type="checkbox"/> Yes, I want to register and complete a voter registration application form <input type="checkbox"/> No, I don't want to register <input type="checkbox"/> Already registered <input type="checkbox"/> Unknown				
	Type of Medical Home (where they receive their health care): <input type="checkbox"/> HMO <input type="checkbox"/> Hospital Emergency Room <input type="checkbox"/> Local Health Dept. <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> Private Physician/Clinic <input type="checkbox"/> Other _____				
	Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> SEP <input type="checkbox"/> DECL				
	Educational Level: _____ Grade Completed _____ Years of College _____ Unknown				
	Household Smoking: <input type="checkbox"/> Yes <input type="checkbox"/> No				
List Referrals Provided: _____					
HPA WIC Cert CPA	Current Height _____		Blood Work: <input type="checkbox"/> Hgb <input type="checkbox"/> Hct <input type="checkbox"/> Lead Results: _____		
	Current Weight _____		Blood Work Date: _____		
CPA WIC Cert	Nutrition Education Topics: <input type="checkbox"/> Initial Nutrition Education Contact (Date: _____) <input type="checkbox"/> Other _____				
	Food Prescription: <input type="checkbox"/> Milk and Cheese <input type="checkbox"/> All Milk <input type="checkbox"/> WIC 29 <input type="checkbox"/> Other _____				
HPA, WIC Cert, CPA	Complete for Prenatal				
	Last Normal Menses Date: _____ Month Prenatal Care Began: _____ Pre-pregnancy Height: _____				
	Pre-pregnancy Weight: _____ Gravity (total number of pregnancies regardless of outcome): _____				
	Children Living: _____ Number of WIC Pregnancies: _____ Number of pregnancies greater than 20 weeks: _____				
	In the Last 3 months, average number of <u>cigarettes</u> smoked/day: _____		In the last 3 months, average number of <u>alcoholic</u> drinks /day: _____		
	Today, average number of <u>cigarettes</u> smoked/day: _____		Today, average number of <u>alcoholic</u> drinks/ day: _____		
	Multivitamin Consumption: How often did you take them a month <u>prior</u> to your pregnancy? _____ How often did you take them <u>during</u> your pregnancy? _____				
	Have you ever had an infant who was: <input type="checkbox"/> Low Birth Weight <input type="checkbox"/> Premature <input type="checkbox"/> History Fetal or Neonatal Loss or 2 or more Spontaneous Abortion				
	Complete for Non-Breastfeeding and Breastfeeding Women				
	Birth Facility: <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other _____				
	Delivery Date: _____ Pregnancy Weight Gain: _____ Delivery Type: <input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section				
	Outcome of Delivery: <input type="checkbox"/> Live Birth <input type="checkbox"/> Fetal Death <input type="checkbox"/> Miscarriage <input type="checkbox"/> Neonatal Death				
Weight at Delivery: _____ Date Prenatal Care Began: _____					
In the Last 3 months, average number of cigarettes smoked/day: _____		In the last 3 months, average number of alcoholic drinks/day: _____			
Today average number of cigarettes smoked/day: _____		Today, average number of alcoholic drinks/ day: _____			
Comments					